

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF NEW YORK BUFFALO DIVISION		PROOF OF CLAIM
Name of Debtor: Michael P Dipota		Case Number: 10-13166-MJK
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Household Finance Realty Corporation of New York		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Household Finance Realty Corporation of New York P. O. Box 829009 Dallas, Texas 75382-9009		Court Claim Number: 4-1 (If known)
		Filed on: 11/8/2010
Name and address where payment should be sent (if different from above): Household Finance Realty Corporation of New York 636 Grand Regency Road Brandon, Florida 33510		<input checked="" type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Telephone Number: (800) 679-9896		
1. Amount of Claim as of Date Case Filed: \$117,099.53 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim.
2. Basis for Claim: Money Lent (See instruction #2 on reverse side.)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor: xxxxxxxx0830		<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other: _____ Describe: 1430 Forbes St, N. Tonawanda, New York 14120		<input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).
Value of Property: not available Annual Interest Rate:		<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$23,347.71 Basis for perfection: Recordation of Lien		<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(_____. Amount entitled to priority: \$ _____
Amount of Secured Claim: \$117,099.53 Amount Unsecured \$0.00		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)		
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
Date: January 27, 2011	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. /s/ Lawrence J. Buckley as Creditor's Authorized Agent 972.643.6600	FOR COURT USE ONLY

**Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.
2250-N-9598

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IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF NEW YORK
BUFFALO DIVISION

IN RE:

MICHAEL P DIPOTA
MARY P DIPOTA

§ CASE NO. 10-13166-MJK
§ CHAPTER 13
§ JUDGE MICHAEL J. KAPLAN

EXHIBIT A

ITEMIZATION OF AMENDED CLAIM AND SUMMARY OF SUPPORTING
DOCUMENTS FOR CLAIM OF HOUSEHOLD FINANCE REALTY CORPORATION OF NEW YORK
REGARDING CERTAIN COLLATERAL DESCRIBED AS:
1430 FORBES ST, N. TONAWANDA, NEW YORK 14120

SECTION 1. ITEMIZATION OF CLAIM

1.	Total Debt (As of July 20, 2010)	\$117,099.53
2.	Interest rate as of July 20, 2010	7.73%
3.	Detail of arrearage: (through July 20, 2010)	
	1 partial payment June 2010 through June 2010 @ \$356.00 each:	\$356.00
	Daily Simple Interest Due	\$0.00
	** PRE-PETITION ATTORNEY FEES AND COSTS	\$0.00
	** PRIOR BANKRUPTCY FEES AND COSTS	\$0.00
	** POST-PETITION BANKRUPTCY FEES AND COSTS	(\$0.00)
	** OTHER CHARGES	
	Funds Advanced for Delinquent Taxes	\$22,991.71
	Niagra County - 2008-2010 \$2,925.07	
	City of North Tonawanda - 2007 \$7,385.65	
	City of North Tonawanda - 2008-2010 \$12,680.99	
	TOTAL ARREARAGE	\$23,347.71

First post-petition monthly payment amount: \$882.88. The monthly payment amount may change due to interest rate adjustments, if applicable.

File Number 2250-N-9598 / poc Trustee Albert J. Mogavero

UNITED STATES BANKRUPTCY COURT Western District of New York		PROOF OF CLAIM	
Name of Debtor: Michael P DiPota Mary P DiPota	Case Number: 1-10-13166-MJK		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): Cedarcrest Fund LP PO Box 830669 Arsenal Station San Antonio, TX 78283 41.27812220	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: 5 (If known)		
Name and address where payment should be sent (if different from above):	<input type="checkbox"/> Filed on: _____		
Telephone number:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
1. Amount of Claim as of Date Case Filed: \$ 7357.	<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.		
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.	5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.		
If all or part of your claim is entitled to priority, complete item 5.	<input type="checkbox"/> Specify the priority of the claim.		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).		
2. Basis for Claim: Tax Lien, unpaid 2007 Taxes (See instruction #2 on reverse side.)	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).		
3. Last four digits of any number by which creditor identifies debtor: _____	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).		
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)	<input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.	<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).		
Nature of property or right of setoff: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____	<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)_____. Amount entitled to priority: \$ _____		
Value of Property: \$ 7357. Annual Interest Rate 10 %	<small>*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____			
Amount of Secured Claim: \$ 7357. Amount Unsecured: \$ _____			
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)			
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.			
If the documents are not available, please explain: _____			
Date: 12/27/10	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.		
FORT COURT USE ONLY FILED DEC 27 2010 <small>PENALTY FOR PRESENTING FRAUDULENT CLAIM: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 and 3571.</small>			

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BANKRUPTCY COURT
BUFFALO, NY

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